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FEE TRANSMITTAL for FY 2003		Complete if Known		
Patent fees are subject to annual revision.		Application Number	09/769,536	
		Filing Date	January 26, 2001	
		First Named Inventor	TERAMOTO et al.	
		Examiner Name	ROCHE, LEANNA M	
		Group/Art Unit	1771	
TOTAL AMOUNT OF PAYMENT (\$)		110	Attorney Docket No.	26ET-009

METHOD OF PAYMENT (check one)		FEE CALCULATION (continued)	
1. <input type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:		3. ADDITIONAL FEES	
Deposit Account Number	50-1147		
Deposit Account Name	LAW OFFICES OF DAVID G. POSZ		
<input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17			
2. <input checked="" type="checkbox"/> Payment Enclosed:			
<input checked="" type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> Other			
FEE CALCULATION			
1. BASIC FILING FEE			
Large Entity Fee Code (\$)		Small Entity Fee Code (\$)	Fee Description
1001 740 2001 370		Utility filing fee	
1002 330 2002 165		Design filing fee	
1003 510 2003 255		Plant filing fee	
1004 740 2004 370		Reissue filing fee	
1005 160 2005 80		Provisional filing fee	
SUBTOTAL (1)		(\$)	0
2. EXTRA CLAIM FEES			
Total Claims	8	Extra Claims	0
Independent Claims	1	Fee from Below	84
Multiple Dependent		Fee Paid	0
**or number previously paid, if greater; For Reissues, see below			
Large Entity Fee Code (\$)		Small Entity Fee Code (\$)	Fee Description
1202 18 2202 9		Claims in excess of 20	
1201 84 2201 42		Independent claims in excess of 3	
1203 280 2203 140		Multiple dependent claim, if not paid	
1204 84 2204 42		**Reissue independent claims over original patent	
1205 18 2205 9		**Reissue claims in excess of 20 and over original patent	
SUBTOTAL (2)		(\$)	0
		*Reduced by Basic Filing Fee Paid	
		SUBTOTAL (3)	
		(\$)	
		110	

SUBMITTED BY		Complete (if applicable)	
Name (Print/Type)	DAVID G. POSZ	Registration No. (Attorney/Agent)	37,701
Signature		Telephone	(202) 416-1638
		Date	January 17, 2003

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1771

This Form Based on PTO/SB/21

<b>TRANSMITTAL FORM</b> (to be used for all correspondence after initial filing)	Application Number	09/769,536
	Filing Date	January 26, 2001
	First Named Inventor	TERAMOTO et al.
	Group Art Unit	1771
	Examiner Name	ROCHE, LEANNA M.
	Attorney Docket Number	26ET-009

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment / Response	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> To Convert a Provisional Application	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Extension of Time Request	<input checked="" type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input checked="" type="checkbox"/> Additional Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	Appendix showing changes to claims
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Small Entity Statement	Statement under 37 CFR 3.73(b)
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Request of Refund	
<input type="checkbox"/> Response to Missing Parts/Incomplete Application	Remarks	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Law Offices of David G. Posz
Signature	
Date	January 17, 2003

OIPE CERTIFICATE OF HAND DELIVERY			
I hereby certify that this correspondence is being hand delivered to and deposited with the USPTO at the Customer Service Window, Office of Initial Patent Examination, Crystal Plaza Building 2, Room 1B03, 2011 South Clark Place, Arlington, VA 22202 on the below-indicated date and is addressed to: Assistant Commissioner for Patents, Washington, DC 20231.			
Type or printed name	David G. Posz		
Signature		Date	January 17, 2003